

Jessica. The Jensens now have lots of beautiful grandchildren.

In 1983, First National Bank's President Bill Losner asked Bob to join the bank. Bill Losner knew Bob Jensen well. He picked out a career that perfectly suited Bob and that helped First National Bank excel in Community Outreach and Marketing.

As Vice President, Bob Jensen invested the bank's resources and began investing all his time to touch and nurture groups, organizations, and projects throughout Miami-Dade County. Everyone has told us, out of all of his volunteer and community work, Bob is proudest of his efforts to create better farm workforce housing.

Bob is also the former Chair and Commissioner with Homestead Housing and has served on the board for Centro Campesino. This outfit trains farm workers for better jobs, mostly in construction, and helps enable farm workers to build and purchase their own homes. These are wonderful legacies for Bob, his fellow board members, and those farm workers who have achieved the American dream of home ownership.

Did I mention Bob and Meda's work with the Pioneer Museum? Well, almost every Saturday of the year the Jensens and their trained docents give historical tours about our area at a restored railroad station house on Krome Avenue. He has also collected hundreds of historical photographs, on display at local shops, hotels, and other businesses in the Homestead area.

□ 1800

Bob is also a member of the Agri-Council, which educates south Floridians and visitors on the history of the agricultural sector of south Florida. Bob serves on the Military Affairs Committee of the Homestead and Florida City Chamber of Commerce, helping our active duty, reserve, and retired military personnel. And just 5 years ago, Bob created the Heritage Hall Museum at Homestead Air Reserve Base to record its history. He's called "Mr. Homestead," a term of affection from a grateful community.

Indeed, Bob Jensen is a man about town. He's helping save the meal program that provides breakfast and lunch to the vast majority of school children at Laura Saunders Elementary.

He's received numerous awards and honors: Leadership South Dade's Leader of the Year; Presidential Award from the Homestead Chamber; honors from the Boy Scouts of America, the Mexican American Council, the American Red Cross, Miami-Dade County Public Schools, and the Miami-Dade Legislative Delegation.

Bob Jensen is a historian, a volunteer, a mentor, a leader, and a friend to all whom he touches. God has blessed our Nation and our community with a great man, Bob Jensen.

The SPEAKER pro tempore (Mr. DRIEHAUS). Under a previous order of

the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

(Mr. MORAN of Kansas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York (Mr. BISHOP) is recognized for 5 minutes.

(Mr. BISHOP of New York addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. MCHENRY) is recognized for 5 minutes.

(Mr. MCHENRY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. HASTINGS) is recognized for 5 minutes.

(Mr. HASTINGS of Washington addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentlewoman from California (Ms. WATSON) is recognized for 60 minutes as the designee of the majority leader.

Ms. WATSON. Mr. Speaker, the Affordable Health Care for America Act, our House bill, 3962, will make health care affordable for middle class families, provide security for seniors, and guaranteed access to health insurance coverage for the uninsured.

I'd like to go through these charts to let the viewing audience, Americans, and particularly Californians, know what will be provided by the Affordable Health Care for America Act. And this is a blend of three different bills that came out of various committees in front of the public, voted out by the committee, amended, and now combined in one bill.

Our first interest is making health care affordable for the middle class

families. We want to guarantee security for our seniors. We want responsibility to our children, and it will not add a dime to the deficit.

The health insurance reform means ending discrimination for people who have preexisting medical conditions. You can never be denied coverage because you have a preexisting condition. No dropped coverage if you become sick. You know, so many people get into the health care system when they're acutely ill, and that means they cannot go to work. Then they find that they're having trouble paying their house note, paying their car note, even buying food. And we want them to know that there will be no dropped coverage if you become ill or you lose your job. No copays for preventative care. And we want Americans to go see their health care provider as often as they need to so they can stay healthy. We want to prevent conditions that require medical care. But if you should fall ill, you can be covered for your medical treatment.

Yearly caps on what you pay and no caps on what insurance companies pay. Reining in health costs for families is one of our major targets, reining in health care costs for businesses and for government.

You know, people talk about not wanting government in between their doctor and themselves. Well, just think about that statement. What is Medicare and Medicaid? What is Social Security? These are government programs. We call them the safety net so you will not fall through the cracks and into devastation. We want fiscal responsibility and we want to reduce the deficit. We want to eliminate from health care waste, fraud, and overpayments to private insurance companies. Why should health care of Americans be for profit? Health care ought to be guaranteed to every American. There's major emphasis on innovation, on keeping people well, and prevention.

Now, misinformation is out there galore. You need to understand this: If you have insurance, you like your insurance, you keep it. And if you have a doctor, you can keep that doctor. Certainly you can keep that plan. And, remember, this bill came about because there were 38 million people in America that were uncovered, and every American should have health coverage.

We want to emphasize for seniors we strengthen Medicare and we improve the benefits. There is one Member that is telling everyone that we're going to take away the benefits from our seniors. That is so untrue. We want to improve benefits, including closing the doughnut hole, and we will get into that a little later.

If you don't have or you lose your insurance, a new health insurance exchange. It's more like a one-stop-shopping marketplace, and it includes a public option. Now, what does "option" mean? It means a decision. It means a choice. It means you have the right to make your own choice. And a public

option for consumers means competition for better prices and better coverage. We want to be sure your coverage is affordable and accessible and of quality. And there will be affordability credits to help Americans and small businesses buy insurance.

Now, if we don't have health reform, there will be skyrocketing health care costs, and it will increase by \$1,800 each year for the average family. Care and medication already postponed by more than half of all Americans may become more unaffordable, and Americans face a 50/50 chance of losing their insurance in the next 10 years.

Mr. Speaker, I would like to yield to our Member from California, JUDY CHU, who might make some comments, and then we might have some questions back and forth.

Ms. CHU. Mr. Speaker, the health care reform bill is crucial to Californians across the State, but it will especially benefit my constituents in the San Gabriel Valley and East L.A. who struggle every day to survive without proper health care.

The percentage of California residents that lack health insurance is about 19 percent, one of the highest rates in the country. But fully one-third or 33 percent of the residents of my district are uninsured. This is a situation that is simply unacceptable for a State and the Nation that prides itself on being the most advanced and wealthiest in the world.

But this bill will provide everybody stability, security, and peace of mind. It will provide peace of mind for the low income and uninsured. People like Patricia, who is age 64 and had insurance until she retired. Then she was left without insurance and she got very sick. Her kidneys failed, and she was too young for Medicare. It was not until she was in the intensive care unit and dying of renal failure that she was able to qualify for early Medicare benefits. This situation will not occur with health care reform. With health care reform, people like Patricia will be able to buy health care and there will be credits provided to her so that she can afford it.

Health care reform will be good for people who don't have coverage right now, people like Scott, who had insurance all his life but changed jobs, became self-employed, and wanted to buy insurance but found, to his shock, that he was denied because of a preexisting condition. He had asthma as a child. Health care reform will help him because he will not be denied because of a preexisting condition. He will not have to worry about being dropped from insurance because of a serious illness. He will not have to worry about copays and deductibles that will cause him to go into bankruptcy. He will not have to worry about a lifetime cap on medical care in case of a very serious illness. In fact, with passage of health care reform, never again will American families face bankruptcy because of unexpected health care costs, as they

will not have to pay more than \$10,000 a year for out-of-pocket health care costs.

And this bill will give peace of mind to small businesses. Small businesses and their workers are particularly impacted by the high cost of health care in this country. They account for the largest share of the uninsured. Small businesses pay higher rates today because they do not have the advantage of large numbers of employees over which to spread insurance risk.

Even if a small employer currently has healthy workers, the small business faces the prospect of dramatically increased future premiums if any employee actually needs to use the coverage, such as one small company in my district, an insurance company with five workers. One worker had a baby that was premature, causing very, very expensive care. The next year, the insurance company drastically raised their rates, and now the business has to make a decision about whether to continue covering its employees. But this bill will allow small businesses to afford health care coverage and reduce health care costs through tax credits that are available to the smallest of employers.

It is clear that the status quo is unacceptable. If we do nothing, health care costs will continue to rise, quality of care will deteriorate, and every American will risk losing their health care. The growing cost of health care is one of the biggest drains on our economy. If we are to bring our Nation back to fiscal health, we must have real, fundamental health care reform.

□ 1815

This bill is good for my district, and it's good for California, where hospitals are overwhelmed with uninsured patients, where thousands are without jobs and without insurance and where the State doesn't have the financial resources to pick up the slack. Not in six decades have we been this close to achieving this most crucial task of reforming our health care system. Let me be clear, we would be derelict in our duty to the American people if we let this opportunity go to waste.

Ms. WATSON. Congresswoman CHU, do you find in your districts the demographics that have changed in the last few years, that people in your district are going into the health care system more acutely ill?

Ms. CHU. Yes. They wait until the last minute, such as the person I talked about, Patricia, who was age 64 and had insurance. But during this 10-year period between the time she retired at age 55 and age 65, where she would have qualified for Medicare, she had no alternative. She had kidney failure, but she waited until the last minute, and she was almost dying before she got care. This is a situation that people in California are faced with in California every day.

Ms. WATSON. You know, California being the largest State in the Union

and being the first State to become a majority of minorities, people come over the Pacific as well as over the border. Many people think that many of our immigrants come from over the border. But those who come from across the Pacific have many different ways of receiving health care, more traditional and so on. So they try to treat at home. Then when they come into the system, they are more acutely ill. So I have been concerned about the formulary and having brand names on the formulary to treat these odd kinds of conditions, rather than always pushing generics.

So I understand that the bill that will come in front of us very soon will allow for not only generics but these brands to be prescribed by their physicians. I know that in my district, the 33rd Congressional District in Los Angeles—I include Hollywood, Hollywood Hills and so on—there was a young man at an event taking pictures, and when I finished explaining the bill, H.R. 3200 at that time, he sat down beside me, and he said, Thank goodness the government is looking at health care reform because I require a medication—and get this—that costs \$74,000 a month. I thought I didn't hear him correctly. I said, Are you talking about \$74,000? He said, Yes. I said, Well, what is this condition? He said, I have a condition that I was born with that starts the skeletal system, the muscular system and vital organs to deteriorate. My copayment is over \$696 a month. Thank goodness for the government helping me live.

Helping people live is so important, and I know that you have heard from people in your district, much like the ones I have described.

Ms. CHU. Yes, I have heard many stories like that. In fact, I had a town hall for people who just spoke Spanish. I had a town hall for people who just spoke Chinese. I will never forget one woman who was speaking Spanish, talking about the fact that she was covered but that her son, age 21, was not covered and, in fact, when she tried to get coverage for him, he was denied because of a preexisting condition. So they were forced to go down to Tijuana every month to just buy medication out of pocket.

But with this health care bill, insurance companies can cover children of parents up until the age of their 27th birthday. So young adults like that will be covered with this health care reform bill.

Ms. WATSON. Isn't that wonderful. I have not been able to understand, you know, during the month of August why there was so much ranting over health care. It appeared to me that some mean-spirited persons went out and gathered people up, misinformed them and told them government is trying to take something away from them. What we're trying to do is to give something. I understand one of our own Members has asked for people to come from across the country tomorrow to confront us in the halls and say, Don't

take away my health care. My response would be, We want to guarantee you health care at very little cost, at high quality.

I think it's foolish. You know, why the ranting and not the reasoning? As you know, our President has said not a penny over \$1 trillion. In fact, not a penny over \$900 billion. We are reinventing, innovating the system so that we can guarantee Americans the best, the most affordable, the most accessible quality.

Ms. CHU. Absolutely. My town halls actually showed the opposite of what some might think. It showed people who were very sincerely concerned about their futures, who wanted to have that security and stability and peace of mind and who very much needed this alternative.

But you raise a very good point. Not only will this do so much good for the people of America; it is also fiscally responsible. The Congressional Budget Office has actually said that this will actually reduce the budget deficit over the next 20 years.

Ms. WATSON. JUDY, you bring so much credibility because you were a statewide officer in California, and you dealt with a lot of these fiscal issues. So we're very pleased to have you here. I represent Hollywood, and anything can happen there. We had a rally out in front of the Catholic church on Sunset Boulevard, Blessed Sacrament. Right behind the church was Selma Avenue School, the last school I taught in. We had the Catholic priest who was emceeding; we had a rabbi, female; we had a Muslim priest—Muslim minister; and we had Protestant ministers there; and they were testifying.

One gentleman came up—he had a heavy accent. He said, I am an American citizen. I have worked four jobs. My 2-year-old daughter got sick. I did not make enough money to pay for insurance coverage. My daughter died. There wasn't a dry eye because everyone in the audience could put themselves in that position. There was a real tall gentleman off to my left. He had a placard that he kept pushing up, and it had the face of our President, Barack Obama, with a Hitler kind of moustache. So disrespectful. So when I got to the mic—you know, I'm Catholic. I made the sign of the cross. I spoke to him in Latin and pax Domini. He put that sign down, and a woman in front of him kind of hid it. I found out he was an actor, and someone paid him to come.

I would like to kind of give the viewing public some idea of how the health reform bill will impact on my district. Forty-eight percent of the district has employer-based coverage. These constituents can keep their own insurance if they like. In my public forum, I had the audience raise their hands if they were insured, and most hands went up. How many of you like your insurance? Most of the hands went down. So I said, If you like it, you keep it. If you don't, you have a marketplace to choose the plan that best fits your family's needs.

So the bill that will be in front of us in a few days improves employer-based coverage for over 304,000 residents in the 33rd Congressional District of California. That's Los Angeles, Culver City and Hollywood. It provides credits towards insurance costs for up to 173,000 households. There are 22,200 individuals who have preexisting medical conditions that could prevent them from obtaining health insurance. The bill ensures that they will be able to obtain insurance, where they have been denied in the past. It will improve Medicare for 75,000 beneficiaries, including closing the prescription drug doughnut hole for 6,100 seniors.

It provides a tax credit for 15,100 small businesses in my district that have 25 employees or less and pay an average wage of less than \$40,000. It allows 16,300 small businesses to obtain affordable health care coverage by joining the exchange. It provides coverage to 138,000 uninsured individuals, and that includes 30 percent of the district's residents below the age of 65. It protects 1,100 vulnerable families from bankruptcy due to unaffordable health care costs. It reduces the cost of uncompensated care for hospitals and health care providers by \$29 million. That is the direct impact on my district.

In the State of California, more than 20 percent of the population is uninsured. Workers at private sector businesses of all sizes are experiencing an increased likelihood of being uninsured, although it is most pronounced in businesses with fewer than 10 employees. More than a third of the uninsured have family incomes of more than \$50,000 per year. Of families with incomes between \$25,000 and \$50,000 in the State of California, 27 percent are uninsured. Seventy percent of uninsured children are in families where the head of the household has a year-round full-time job.

Mr. Speaker, we are so pleased that this House can come up with a piece of legislation that will guarantee our children, our working-class families, and our seniors full coverage so families won't have to go bankrupt because they had preexisting conditions, and the poorer the family, the less health care they have had because they simply can't afford it.

So, Mr. Speaker, it's incumbent on us—it should be bipartisan because I don't understand why people would rant and rave over providing all Americans with affordable health insurance.

□ 1830

If we are going to be the strongest country on the globe, then we need to ensure that we have a healthy population. If we choose to go thousands of miles away and fight unnecessary wars, and we want victory, then we have to be sure our military is healthy. We have to be sure that our families can sustain themselves while their loved ones are over fighting for this country. If we want to ensure a victory, then

let's provide the infrastructure on our land that will help Americans be the strongest people on Earth.

It is an embarrassment, and right now the Inter-Parliamentary Union is meeting here in the Capitol Visitor Center. When we went over a few months ago to join them, they said, Why is America not at the table with us? We were embarrassed to say that we're caught up in a health care debate whether to give health insurance to all Americans. How can we pride ourselves of being the strongest leader, and we cannot even provide health care in an affordable fashion to our citizens?

I want everyone to hear this. A robust option, a robust health option, says that you can make a choice. You can look at a marketplace of plans that will address your family's needs. You can buy into that plan. It also says that seniors, when they get to that doughnut hole, when they have spent 24 or \$2,500, they are not going to fall into that hole where they have to make decisions whether to pay their rent, pay their house note, their car note or buy food, because this bill will help you lift that burden. We are going to pull people out of the doughnut hole.

We are going to say to you, if you lose your job, your coverage will continue. We want to say to you Americans, if you fall ill, you don't have to be bankrupt. We want to say to America that we care about your health. We are willing to put our policies on the line for you.

Do not be confused, and do not let the opposition misstate the benefits. You will receive more health benefits under this plan. Just know, we are providing for you the best health care insurance, and we are keeping it within the budget that our President has set.

I do hope that if you come here to the Capitol, or you go to the offices of your Representative, or if you write them, e-mail them or call them, encourage them to vote for a policy that will insure all Americans. We want to be sure we are the strongest, the healthiest and the happiest nation in the world.

Mr. Speaker, I yield back the balance of my time.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed with an amendment in which the concurrence of the House is requested, a bill of the House of the following titles:

H.R. 3548. An act to amend the Supplemental Appropriations Act, 2008 to provide for the temporary availability of certain additional emergency unemployment compensation, and for other purposes.

HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Missouri (Mr. AKIN) is recognized for 60